



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/046,668  
Applicant : Pulkkinen et al.  
Filed : January 14, 2002  
Title : HEART RATE MONITOR

TC/A.U. : 2302  
Examiner : Roderick D. Bradford

Confirmation No. : 2302  
Docket No. : 187-64  
Dated : October 18, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Applicants hereby appeal to the Board from the decision of the Primary Examiner,  
mailed May 19, 2004, finally rejecting claims 1-19.

The item(s) checked below are appropriate:

**1. STATUS OF APPLICANTS**

This application is on behalf of  
☒ other than a small entity.  
☐ small entity.

A verified statement claiming small entity status  
☐ is attached.  
☐ was already filed on \_\_\_\_\_.

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)**

I hereby certify that this correspondence is, on the date shown below, being:

☒ MAILING  
Deposited with the United States Postal Service with sufficient  
postage as first class mail in an envelope addressed to the  
Commissioner for Patents, Alexandria, VA 22313-1450

☐ FACSIMILE  
Transmitted by facsimile to the  
Patent and Trademark Office

10/21/2004 FMEK11 0000011 10046668

01 FC:1252  
02 FC:1401

430.00 OP  
340.00 OP

Maureen Esposito  
Signature

Date: October 18, 2004

Maureen Esposito

**2. FEE FOR FILING NOTICE OF APPEAL**

Pursuant to 37 CFR 1.17(e), the fee for filing the Notice of Appeal is:

|                                     |                         |                        |
|-------------------------------------|-------------------------|------------------------|
| <input type="checkbox"/>            | small entity            | \$170.00               |
| <input checked="" type="checkbox"/> | other than small entity | \$340.00               |
| Notice of Appeal fee due            |                         | <b><u>\$340.00</u></b> |

**3. EXTENSION OF TERM**

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (A) or (B), as applicable)

- (A) ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below (fees: 37 CFR 1.17(a)-(d)):

|                                     | Extension<br>(months) | Fee for Other than<br>Small Entity | Fee for<br>Small Entity |
|-------------------------------------|-----------------------|------------------------------------|-------------------------|
| <input type="checkbox"/>            | one month             | \$ 110.00                          | \$ 55.00                |
| <input checked="" type="checkbox"/> | two months            | \$ 430.00                          | \$215.00                |
| <input type="checkbox"/>            | three months          | \$ 950.00                          | \$475.00                |
| <input type="checkbox"/>            | four months           | \$1,480.00                         | \$740.00                |

Fee due for indicated extension **\$ 430.00**

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

Extension fee due with this request **\$ 430.00**

OR

- (B) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. **TOTAL FEE DUE**

The total fee due is:

Notice of Appeal fee    \$ 340.00  
Extension fee (if any)    \$ 430.00

TOTAL FEE DUE        \$ 770.00

5. **FEE PAYMENT**

☒ Attached is a check in the sum of \$ 770.00.

☐ Charge Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_

A duplicate of this transmittal is attached.

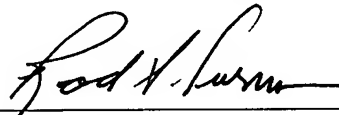
6. **FEE DEFICIENCY**

☒ If any additional extension and/or fee is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

AND/OR

☒ If any additional fee for claims is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

Respectfully submitted,



Rod S. Turner  
Attorney for Applicants  
Reg. No. 38,639

HOFFMANN & BARON, LLP  
6900 Jericho Turnpike  
Syosset, New York 11791  
(516) 822-3550  
RST/me

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